

Application Data Sheet

Application Information

Application number::
Filing Date:: 03/23/04
Application Type:: Non-provisional
Subject Matter:: Utility
Title:: STENT FOR PLACEMENT AT LUMINAL OS
Attorney Docket Number:: 015471-000910US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 3
Total Drawing Sheets:: 8
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: AARON
Middle Name:: V.
Family Name:: KAPLAN
Name Suffix:: M.D.
City of Residence:: Norwich
State or Province of Residence:: VT
Street of Mailing Address:: 225 Douglas Road
City of Mailing Address:: Norwich
State or Province of mailing address:: VT
Postal or Zip Code of mailing address:: 05055

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: JAIME
Family Name:: VARGAS
City of Residence:: Redwood City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 9 Eagle Hill Terrace
City of Mailing Address:: Redwood City
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94062

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/463,075	04/14/03

Assignee Information

Assignee Name:: Anvil Medical, Inc.
Street of mailing address:: 2330 Washington Street
City of mailing address:: Newton
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02462